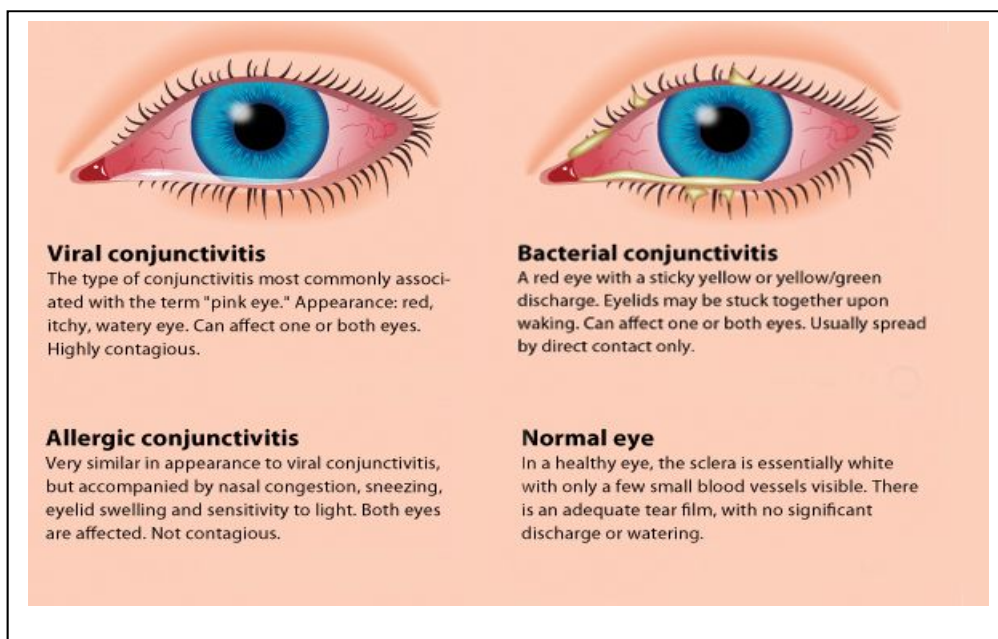


Conjunctivitis (Bacterial and Viral)

What is Conjunctivitis?

Conjunctivitis is usually an infection or inflammation of the outer layer of the eye (or the conjunctiva). It can occur if you have a cold or have been near someone with a cold. Conjunctivitis is not usually serious, but it can affect both eyes and can be passed from person to person. Conjunctivitis is sometimes referred to as 'pink' or 'red' eye.



There are three forms of conjunctivitis:

- Bacterial
- Viral
- Allergic.

This leaflet looks at **bacterial** and **viral** conjunctivitis. If you are experiencing allergic conjunctivitis, we have produced a separate leaflet.

What are the symptoms of bacterial and viral conjunctivitis?

Conjunctivitis often starts in one eye, usually spreading to the other eye. It may also cause your eyelids to stick together in the morning.

Bacterial Conjunctivitis normally causes a yellow or green sticky discharge throughout the day. They will feel itchy and the eyelids may become swollen.

Viral Conjunctivitis normally causes a watery discharge during the day and present with sticky discharge in the morning. The eyelids may become very swollen. In most cases of viral conjunctivitis it does not affect the vision but rarely you might notice the vision becomes blurry or you may see glare when looking at lights. This is due to the inflammatory reaction causing small white dots on the cornea. These usually fade with time, but it can take a few weeks.

Risk factors for bacterial and viral conjunctivitis.

Bacterial Conjunctivitis:

- Children and the elderly are most at risk of a bacterial conjunctivitis.
- People with weaker immune systems such as those with diabetes
- People who do not wash their hands before inserting or removing contact lenses are more at risk.

Viral Conjunctivitis:

- Often follows a recent cold or sore throat.

Treatment

Conjunctivitis will normally get better on its own, without any medical treatment, in around one to two weeks. Bathing and cleaning the eyelids with sterile pads/cotton wool and clean water (Boil the water and then let it cool down), is normally all that is needed.

Bacterial conjunctivitis can be treated with antibiotic drops or ointment, as this may help to speed up the process to clear the infection within a few days (5-7 days). However, it should get better without any drops or ointment.

Viral conjunctivitis there is currently no effective treatment for this, but artificial tears, using a cold compress (such as clean cotton wool balls soaked in cold water), and a non-steroidal anti-inflammatory (NSAID) such as Ibuprofen may make the eyes feel more comfortable. Antibiotic drops or ointment will **not** help with viral conjunctivitis.

If a child is below two years of age and has conjunctivitis, please contact your GP. They may prescribe an alternative antibiotic, such as fucithalamic as either drops or ointment.

If you have conjunctivitis, please visit your local pharmacist for advice. Artificial tears and antibiotic ointment (Chloramphenicol) can be purchased over the counter (if recommended).

The do's and don'ts while you have conjunctivitis:

Don't:

- Don't share flannels, towels or pillows with anyone else.
- Don't share your eye drops with anyone else.
- Don't attend work whilst you have red, watery or sticky eyes if you work with children, elderly people or patients, or if you handle food in your job.
- Don't wear your contact lenses until your eyes are better and after 24 hours after the last dose of ointment/drops (if they were required).
- Do not rub your eyes
- Do not wear eye make up.

Do:

- Wash hands regularly with warm soapy water.
- Wash pillows and face cloths in hot water and detergent.
- Use disposable paper tissues to wipe your eyes. Use one tissue per eye to prevent cross-infection and throw them straight into the bin after use.

When to seek advice?

In most cases, you may not need to return for a further check-up. However if your sight becomes:

- More blurred over time, changes in your vision, like wavy lines or flashing
- If the pain and redness are getting a lot worse,
- The light starts to hurt your eyes (photophobia).
- Intense redness in 1 eye or both eyes.

Please refer to the 'What should I do if I have a problem?'

What should I do if I have a problem?

If you develop any of the symptoms featured in this leaflet, or need urgent advice about your eye(s), please telephone (in the information please provide your hospital 'X' number (if known), Name, Date of Birth and a contact telephone number) :

Main telephone number: 0300 131 4500

Bexhill Eye Clinic, Ext. 734370 during 09.00am and 17.00pm.

Eastbourne Eye Clinic, Ext. 144118 during 9.00am to 17.00pm.

For Out of Hours contact you may leave an answerphone message on the telephone numbers above, and a member of staff will contact you the next working day. Otherwise if you feel you need to be seen urgently, please attend your local Accident and Emergency Department.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Sources of information

Association of Optometrists. 2017. *Bacterial and viral conjunctivitis*. (accessed on 16/07/2019 via www.aop.org.uk/patients)

Moorfields Rye Hospital. 2018. *Conjunctivitis*. (accessed on 05/11/2018 via www.moorfields.nhs.uk/condition/conjunctivitis/)

NHS. 2018. *Conjunctivitis*. (accessed on 16/07/2019 via www.nhs.uk/conditions/conjunctivitis/)

NHS University Hospital Southampton. 2016. *Conjunctivitis*. (accessed on 05/11/2018 via www.uhs.nhs.uk)

All information can be accessed via the internet.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: 0300 131 4731 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The Trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: 0300 131 4500 Email: esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

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The following clinicians have been consulted and agreed this patient information:
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The directorate group that have agreed this patient information leaflet:
Enter name here, if appropriate

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Responsible clinician/author: Janine Robus (Associate Practitioner)

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